

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Pullman Incorporated

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: P.O. B. 4183, Renton, WA 98057-4183

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Pullman

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 402 Grandey Way NE, Renton, WA 98056

Telephone Number of Designated Agent: 425 226 0677

Facsimile Number of Designated Agent: 425 226 0677

Email Address of Designated Agent: pullman@pullman.net

Signature of Officer or Person in Charge of the Designating Service Provider: _____
Date: Feb 10, 2000

Typed or Printed Name and Title: President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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